

RI GOVERNOR'S COMMISSION ON DISABILITIES

2002 Publication Subscription Form

Enclosed is a COMPLIMENTARY COPY of the Governor's Commission on Disabilities' Legislative Letter for the 2002 Legislative Session.

If you would like to subscribe, please return this form with payment.

Number of Copies Ordered:

- | | | |
|---|---|--------------|
| <input type="checkbox"/> | Legislative Letter | \$ 20 |
| <input type="checkbox"/> Weekly listing of bills (relating to people with disabilities) filed in the RI General Assembly, committee hearings, and the actions by the House, Senate, and Governor. | | |
| <input type="checkbox"/> | Commission Report | \$10 |
| <input type="checkbox"/> Testimony and Recommendations from last summer's Public Forums and other Commission reports. | | |
| <input type="checkbox"/> | Both, Legislative Letter and Reports | \$ 25 |
| <input type="checkbox"/> Combined subscription to both the Legislative Letter & Reports. | | |

Publication Format:

- | | |
|---|--|
| <input type="checkbox"/> Standard Print | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Computer Disk |
| <input type="checkbox"/> Audio Cassette | <input type="checkbox"/> E-Mail (pdf file) |

<input type="checkbox"/>	E-mail Legislative Alert Service	\$ 0
--------------------------	---	-------------

Indicate which list-serves you wish to be on:

By disability:

- | | |
|---|--|
| <input type="checkbox"/> All disabilities | <input type="checkbox"/> Learning Disability / |
| <input type="checkbox"/> Blind / Vision Impaired | Hyperactivity / Attention Deficit |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Neuromuscular |
| <input type="checkbox"/> Cardio-Pulmonary | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Deaf / Hard of Hearing | |
| <input type="checkbox"/> Developmental Disability | |

By topic:

- | | |
|--|--|
| <input type="checkbox"/> All topics | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Grants / Funding |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Minorities |
| <input type="checkbox"/> Education | <input type="checkbox"/> Privacy / Confidentiality |
| <input type="checkbox"/> Elders / Senior Citizens | <input type="checkbox"/> Recreation / Cultural / |
| <input type="checkbox"/> Emergency / Evacuation | Leisure |
| <input type="checkbox"/> Employment / Rehabilitation | <input type="checkbox"/> Social Security / SSI / |
| <input type="checkbox"/> Health Care | Financial Support |

RI GOVERNOR'S COMMISSION ON DISABILITIES

2002 Publication Subscription Form

☐ Transportation

☐ Other: _____

By location of Action:

☐ In Congress

☐ In the Governor's Office or
State Departments/Agencies

☐ At the White House or
Federal Departments/Agencies

☐ In the Rhode Island General
Assembly

☐ Other: _____

By Original Sender:

☐ American Association of People with Disabilities

☐ Disability is Natural

☐ Dr Frank Bowe / Hofstra University

☐ Justice for All

☐ LearningLink

☐ Mark Johnson@sherpards.org

☐ National Association of Governor's Committees on People with
Disabilities

☐ National Conference for Community and Justice

☐ National Council on Disabilities

☐ National Organization on Disability

☐ New England ADA and Accessible IT Center (Adaptive Environments)

☐ Paralyzed Veterans of America

☐ RI Long Term Care Coordinating Council

☐ Social Security Administration

☐ US Department of Health & Human Services

☐ US Department of Housing and Urban Development

☐ US Department of Labor – Office of Disability Employment Policy

☐ Training Resource Network Disability

☐ Other: _____

Send the above checked publications to:

Name: _____

Agency: _____

Street: _____

City: _____, State: _____ Zip Code: _____

e-mail: _____

Please enclose check, purchase order, or A-12-T (for State Agencies) made out
to:

**Governor's Commission on Disabilities, 41 Cherry Dale Court,
John O. Pastore Center, Cranston, RI 02920-3049**